

Your worker will ask for verifications of your income, assets, birth, etc. Once you return all the verifications, the worker will decide if you are eligible for Medicaid. The worker has 90 days from the date of your application to decide if you are eligible. More time may be needed.

You must report changes.

You must report any changes in your circumstances such as address, income, etc. within 10 days to your worker. Your worker will explain what you need to report.

For more information regarding Disability Medicaid, contact your local Health Department Office or Division of Workforce Services.

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Disability Medicaid



Are you disabled?

In general, you may be disabled if you have a serious physical or mental impairment that is expected to last 12 or more months and stops you from working at a substantial gainful activity level.

When should you apply for a Medicaid Disability?

Medicaid follows disability rules set by Social Security. If Social Security has approved your disability, the Department of Health accepts Social Security's decision. If Social Security has not made a decision about your disability, the Department of Health will do a disability review when you apply for Medicaid.

If you have applied for Social Security disability benefits, but have not received a decision, you may also want to apply for Medicaid Disability. It usually takes less time for a Medicaid Disability decision.

If Social Security denies your disability, you may reapply for a Medicaid Disability only if :

- ❑ you have a new disabling condition, or
- ❑ if it has been 12 months since Social Security denied you. Medicaid must follow their decision and cannot approve Medicaid under a disability program.

If Medicaid approves your disability and Social Security later denies your disability, Medicaid must again follow Social Security's decision and your case would have to be closed.

How do you apply for a Medicaid Disability Review?

Your Medicaid worker will give you the forms and instructions needed to complete the review. Your doctor should complete the form a form about your condition as quickly as possible and send it back to the worker along with copies of any medical reports about your disabling condition.

These reports can include:

- ❑ lab reports
- ❑ physical or mental exams and diagnosis
- ❑ x-ray results
- ❑ progress notes
- ❑ surgical reports

- ❑ other doctor reports
- ❑ hospital reports from recent hospital visits including admit or discharge reports
- ❑ results of special test done

Do not send actual x-rays, MRI's, etc. Use the typed report from the doctor instead.

Based on the information you provide, the Medicaid Review Team will decide if you are disabled. Your worker will notify you about that decision. If you meet the disability criteria, your notice will tell you when we must review your disability again.

What's next?

If you are determined disabled, you must also meet the other Medicaid requirements such as:

- ❑ Income Guidelines
- ❑ Assets Rules
- ❑ Residency Requirements
- ❑ Etc.

You may also be required to apply for Social Security if you haven't already.